

# RCRA Site Detail

Report run on: March 27, 2007 - 4:27 PM

Page 3

## NYR000043521 IPARK LAKE SUCCESS LLC

EPA Region 02 Extract Flag: Y Facility Identifier: County: NASSAU

Basic Notes: EXTRACT\_FLAG UPDATED OCT 2003 VIA SQL

Universes Generator: LQG Transporter: U Active: Y  
Operating TSDF: ----- IC In Place: N EI Indicator (HE / GW): N / N

Activity Location: NY Source Type: Notification Seq. Number: 2 Receive Date: 28 MAR 2006

Other/Previous Site Name: IPARK LAKE SUCCESS LLC

Location 1111 MARCUS AVE  
Address: LAKE SUCCESS, NY 11042-1034

Mailing 1111 MARCUS AVE  
Address: LAKE SUCCESS, NY 11042-1034  
UNITED STATES

Contact Person GEORGE MULLEN 1111 MARCUS AVE  
For Source (516) 616-9500 LAKE SUCCESS, NY 11042-1034  
Information UNITED STATES

Owner (current) Type: Private  
IPARK LAKE SUCCESS LLC Phone:  
From: 03/10/2000 To:

Owner (current) Type: Private  
LOCKHEED MARTIN CORP 68801 ROCKLEDGE DR Phone: (301) 897-6000  
From: 01/01/0001 To: BETHESDA, MD 20817

Operator (current) Type: Private  
IPARK LAKE SUCCESS LLC Phone:  
From: 03/10/2000 To:

Geometric Type Code: Horizontal Collection Method: Reference Point Code:  
Horizontal Accuracy Measure: Horizontal Reference Datum: Source Map Scale Numbers: 0

Land Type: Private Non Notifier: No Commercial Availability: Unknown Tsd Date:  
Accessibility: No. Employees: 0 State District: NYSDEC R1

NAICS Codes: 621498 All Other Outpatient Care Centers

Notes: LOCATION ADDRESS FOUND IN THE US POST OFFICE INTERNET SEARCH

### Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Large Quantity Generator; State: NY-9 Not Yet Determined

Transfer Facility:

### Used Oil Activities

Other Hazardous Waste Generator Activities

Used Oil Transporter Activity Off-Specification Used Oil Burner: Unknown

Importer Activity: No  
Mixed Waste Generator: No

Transporter: Unknown  
Transfer Facility: Unknown

Used Oil Fuel Marketer Activity

Transporter Activity: Unknown

Used Oil Processor and/or  
Re-refiner Activity

Marketer who directs shipment  
off-specification used oil to  
off-specification used oil burner: Unknown

TSD Activity: No

Recycler Activity: Unknown

Processor: Unknown  
Refiner: Unknown

Marketer who first claims the used  
oil meets the specifications: Unknown

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: Unknown  
Smelting, melting, Refining Furnace  
Exemption: Unknown

Underground  
Injection Control: Unknown Destination Facility for  
Universal Waste: Unknown

Description of Hazardous Wastes (as reported on Site Identification Form)

EPA Waste Codes: D008

Activity Location: NY Source Type: Biennial Report Seq. Number: 3 Receive Date: 22 MAY 2002 Report Cycle: 2001

Other/Previous Site Name: LOCKHEED MARTIN CORPORATION

Location 1111 MARCUS AVE  
Address: LAKE SUCCESS, NY 11042

Mailing 88 DURYEA RD  
Address: MELVILLE, NY 11747  
UNITED STATES

Contact Person NICHOLAS VALKENBURG  
For Source (631) 391-5234 UNITED STATES  
Information

Carrie Smith/R2/USEPA/US

03/27/2007 04:26 PM

To pazman4@aol.com

cc

bcc

Subject 8700-12

Per our phone call this afternoon. After the 8700-12 has been completed and signed send it to the following address:

US EPA REGION 2  
Division of Environmental Planning & Protection  
RCRA Programs Branch  
ATTENTION; Notification Forms  
290 Broadway, 22 Floor  
New York, New York 10007-1866

After you complete the revised 8700-12 please fax it to my attention at (212) 637-3056 we will process it based on the fax but drop the original in the mail so we will have a record of the revised 8700-12 with your original signature. You can send it by regular mail. Also take note the you printed the incorrect EPA Number at the bottom of page 2. It should be NYR 000 043 521. Thanks

If you have additonal questions my direct phone number is (212) 637\_4112.



Notif2009.pdf





2007 MAR 28 PM 3:05

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**Date:** Wednesday, March 28, 2007

**To:** USEPA Region 2  
Carrie Smith  
Phone: 212-637-4112  
Fax: 212-637-3056

**From:** Fiber Control, Inc.  
Jack Paz  
Phone: 516-781-3000  
Fax: 516-781-3085

**Pages:** 5

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**Subject:** IPark Lake Success



Region 2

# ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/06/2012

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: **NYR000043521**

INSTALLATION NAME: **LOCKHEED MARTIN CORP**

INSTALLATION ADDRESS : **1111 MARCUS AVE  
LAKE SUCCESS, NY 11042**

MAILING ADDRESS : **1111 MARCUS AVE  
LAKE SUCCESS, NY 11042**

EPA Form 8700-12AB (4-80)

USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437

TO: LOCKHEED MARTIN CORP  
or Current Occupant  
ATTN: ROBERT PHILLIPS  
2950 N HOLLYWOOD WAY, SUITE 125  
BURBANK, CA 91505

**SEND  
COMPLETED  
FORM TO:**  
The Appropriate  
State or Regional  
Office.

United States Environmental Protection Agency  
**RCRA SUBTITLE C SITE IDENTIFICATION FORM**

2011 DEC -9 PM 1:43

RCRA PROGRAMS  
BRANCH**1. Reason for Submittal**

MARK ALL  
BOX(ES) THAT  
APPLY

**Reason for Submittal:**

- ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☒ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # \_\_\_\_\_)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☐ Site was a TSD facility and/or generator of  $\geq 1,000$  kg of hazardous waste,  $>1$  kg of acute hazardous waste, or  $>100$  kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

**2. Site EPA ID Number**EPA ID Number ~~NY D 07 5 7 9 6 0 3 7~~ NYR0000 43 521**3. Site Name**

Name: Lockheed Martin Corporation

**4. Site Location Information**

Street Address: 111 Marcus Avenue

City, Town, or Village: Lake Success County: Nassau

State: NY Country: USA Zip Code: 11042

**5. Site Land Type**

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

**6. NAICS Code(s) for the Site (at least 5-digit codes)**

A. 56291

B.

C.

D.

**7. Site Mailing Address**

Street or P.O. Box: Same as above

City, Town, or Village:

State: Country: Zip Code:

**8. Site Contact Person**

First Name: Robert MI: S Last: Phillips

Title: Project Lead - Lockheed Martin Corporation

Street or P.O. Box: 2950 N. Hollywood Way Suite 125

City, Town or Village: Burbank

State: CA Country: USA Zip Code: 91505

Email: robert.s.phillips@lmc.com

Phone: (817) 495-0251 Ext.: Fax:

**9. Legal Owner and Operator of the Site**

A. Name of Site's Legal Owner: Apollo Lake Success Properties LLC

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Street or P.O. Box: 111 Marcus Avenue

City, Town, or Village: Lake Success Phone: 516-616-9500

State: NY Country: USA Zip Code: 11042

B. Name of Site's Operator: Lockheed Martin Corporation

Date Became Operator: 04/22/1996

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Rec 12/12/11. Called & emailed 12/12/11. Informant on 12/7/11 application should be need to update RABA records (In)

**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☒ N ☐

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste permit is required for these activities.

Y ☐ N ☒**4. Recycler of Hazardous Waste**Y ☐ N ☒**5. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☐ N ☒**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) \_\_\_\_\_ ☐
- f. Other (specify) \_\_\_\_\_ ☐
- g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☒**1. Used Oil Transporter**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

NA

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

☐ a. College or University

☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university

☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008						

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

NONE						



EPA ID Number NYD075796037


OMB#: 2050-0024; Expires 11/30/2011

**12. Notification of Hazardous Secondary Material (HSM) Activity**Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.**13. Comments**

Became an episodic SQG in 2011, based on one month's generation of a D008 waste.

Returned to CESQG status once waste was shipped off-site in 2011. Projected generation from construction activities is not expected to change generator status from CESQG.

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Robert S. Phillips Project Lead	12-7-11

2011 DEC -9 PM 1:43

**SEND  
COMPLETED  
FORM TO:**  
The Appropriate  
State or Regional  
Office.

United States Environmental Protection Agency  
**RCRA SUBTITLE C SITE IDENTIFICATION FORM**

RCRA PROGRAMS  
BRANCH

<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, $>1$ kg of acute hazardous waste, or $>100$ kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
<b>2. Site EPA ID Number</b>	EPA ID Number <del>NY D 0 7 5 7 9 6 0 3 7</del> <b>NYR0000 43521</b>		
<b>3. Site Name</b>	Name: <b>Lockheed Martin Corporation</b>		
<b>4. Site Location Information</b>	Street Address: <b>1111 Marcus Avenue</b>		
	City, Town, or Village: <b>Lake Success</b>		County: <b>Nassau</b>
	State: <b>NY</b>	Country: <b>USA</b>	Zip Code: <b>11042</b>
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	A. <b>562911</b>		C.
	B.		D.
<b>7. Site Mailing Address</b>	Street or P.O. Box: <b>Same as above</b>		
	City, Town, or Village:		
	State:	Country:	Zip Code:
<b>8. Site Contact Person</b>	First Name: <b>Robert</b>		MI: <b>S</b> Last: <b>Phillips</b>
	Title: <b>Project Lead - Lockheed Martin Corporation</b>		
	Street or P.O. Box: <b>2950 N. Hollywood Way Suite 125</b>		
	City, Town or Village: <b>Burbank</b>		
	State: <b>CA</b>	Country: <b>USA</b>	Zip Code: <b>91505</b>
	Email: <b>robert.s.phillips@lmc.com</b>		
	Phone: <b>(817) 495-0251</b>	Ext.:	Fax:
<b>9. Legal Owner and Operator of the Site</b>	A. Name of Site's Legal Owner: <b>Apollo Lake Success Properties LLC</b>		Date Became Owner: <b>03/20/2000</b>
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: <b>1111 Marcus Avenue</b>		
	City, Town, or Village: <b>Lake Success</b>		Phone: <b>516-616-9500</b>
	State: <b>NY</b>	Country: <b>USA</b>	Zip Code: <b>11042</b>
	B. Name of Site's Operator: <b>Lockheed Martin Corporation</b>		Date Became Operator: <b>04/22/1996</b>
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☒ N ☐

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste permit is required for these activities.

Y ☐ N ☒**4. Recycler of Hazardous Waste**Y ☐ N ☒**5. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☐ N ☒**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) \_\_\_\_\_ ☐
- f. Other (specify) \_\_\_\_\_ ☐
- g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☒**1. Used Oil Transporter**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications



**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

N/A

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University  
☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university  
☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008						

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

None						

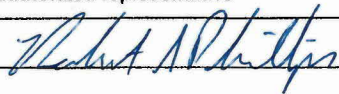
EPA ID Number NYD1071517961037

OMB#: 2050-0024; Expires 11/30/2011

**12. Notification of Hazardous Secondary Material (HSM) Activity**Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.**13. Comments**

Short term generator of lead abatement waste that is not part of an on-going process. Construction activities generating this waste anticipated to be completed by Mid-2012.

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Robert S. Phillips, Project Lead	9/19/11



ENVIRONMENTAL PROTECTION  
AGENCY, REGION II  
2011 DEC -9 PM 1:43  
RCRA PROGRAMS  
BRANCH

USEPA  
Region 2 DEPP-RPB  
290 Broadway, 22<sup>nd</sup> Floor  
New York, New York 1007-1866  
Attn: RCRA Notifications, Ms. Louisa Marquez

ARCADIS of New York, Inc.  
Two Huntington Quadrangle  
Suite 1S10  
Melville  
New York 11747  
Tel 631 249 7600  
Fax 631 249 7610  
[www.arcadis-us.com](http://www.arcadis-us.com)

Subject:  
Lockheed Martin Corporation, NYD075796037  
1111 Marcus Avenue, Lake Success, NY 11042

NYR000043521 (30)

ENVIRONMENT

Dear Ms. Marquez:

On behalf of Lockheed Martin Corporation (Lockheed Martin), ARCADIS is re-submitting the attached RCRA Subtitle C Site Identification Forms (8700-12). Both forms were returned by your office requiring further information before they can be processed. The attached forms are signed originals.

The first form was originally submitted in September 2011 to provide notification of a change in generator status from a Conditionally Exempt Small Quantity Generator (CESQG) to a Small Quantity Generator (SQG). The second form was originally submitted in November 2011 to provide notification of a change in generator status from SQG back to CESQG.

As described on the forms, these changes in status were necessary given the short-term (episodic) generation of D008 hazardous waste from construction activities at the above-referenced facility during one month in 2011 (May). Projected generation from continued short-term construction activities to be completed in mid-2012 is not expected to change generator status from CESQG moving forward.

Sincerely,

ARCADIS of New York, Inc.

Art Zahradnik  
Associate Project Manager

Attachments

Copies:  
Robert S. Phillips, Lockheed Martin  
Nicholas Valkenburg, ARCADIS  
Scott Morris, ARCADIS  
Laura Curtis, ARCADIS

Imagine the result

g:\project\bb\great neck site\waste mgt sops & info\epa forms\_gen status\2011-12\_corres to epa\epa covlet\_12-08-11\_8700-12 forms resubmit.doc

Date:  
December 8, 2011

Contact:  
Art Zahradnik

Phone:  
631.391.5208

Email:  
[Art.Zahradnik@arcadis-us.com](mailto:Art.Zahradnik@arcadis-us.com)

Our ref:  
B0038161.0001.00102





Infrastructure · Water · Environment · Buildings

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II

2012 MAR -2 PM 4: 39

RCRA PROGRAMS  
BRANCH

USEPA  
Region 2 DEPP-RPB  
290 Broadway, 22nd Floor  
New York, New York 10007-1866  
Attn: RCRA Notifications, Ms. Betsy Lopez

ARCADIS of New York, Inc.  
Two Huntington Quadrangle  
Suite 1S10  
Melville  
New York 11747  
Tel 631 249 7600  
Fax 631 249 7610  
[www.arcadis-us.com](http://www.arcadis-us.com)

ENVIRONMENT

Subject:

Lockheed Martin Corporation, NYR 000043521  
1111 Marcus Avenue, Lake Success, NY 11042 & NYD075796037

Dear Ms. Lopez:

On behalf of Lockheed Martin Corporation (Lockheed Martin), ARCADIS is providing an explanation of two active EPA ID numbers for the same physical site and submitting a Form 8700-12 for each EPA ID number to correct the issue and eliminate future potential confusion while taking the opportunity to update status given current operations at the site by Lockheed Martin. Enclosed is a form to update EPA ID# NYR 000043521 with its generator status updated to CESQG and a form for EPA ID# NYD075796037 the one that changes it to inactive. This is a follow up response to your conversation with Ms. Laura Curtis of ARCADIS on February 28, 2012, following inquiries in January 2012 from your office to Mr. Robert S. Phillips, Project Lead, Lockheed Martin Corporation. The January 2012 inquiries related to Form 8700-12 filings by Lockheed Martin in 2011 (under EPA ID# NYD075796037) and the correct site address (1111 Marcus Avenue, Lake Success, NY).

From a record search into US EPA's Envirofacts, and Enforcement Compliance & History Online (ECHO) Databases, as well as looking at past hazardous waste biennial reports in the defunct Biennial Reporting System (BRS), it appears that a second EPA ID number was applied for environmental remediation activities while the first number is associated with former manufacturing, which ceased in 1997. The following are a set of findings from these documents:

- EPA ID # NYR 000043521 has handler listed as Lockheed Martin Corporation located at 1111 Marcus Ave., Lake Success, NY 11042 as a large quantity generator (LQG). [Envirofacts, ECHO]

Imagine the result

Date:  
February 28, 2012

Contact:  
Nicholas Valkenburg

Phone:  
631.391.5234

Email:  
[Nick.valkenburg@arcadis-us.com](mailto:Nick.valkenburg@arcadis-us.com)

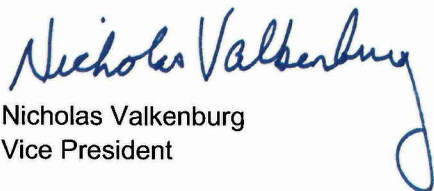
Our ref:  
B0038161.00001.00102

- EPA ID # NYD075796037 has handler listed as Lockheed Martin Federal Systems, located at 365 Lakeville Rd., Great Neck, NY 11020 and as a conditionally exempt small quantity generator (CESQG). [Envirofacts, ECHO]
- The last Biennial Report found filed by EPA ID # NYD075796037 was for CY 1999 for Lockheed Martin Federal Systems at 365 Lakeville Rd., Great Neck, NY and listed various hazardous wastes noted as process related. A waste source type code A93 (Closure of management unit(s) or equipment - Other Processes) indicates facility cleaning out processes after ceasing to operate.
- A Biennial Report found filed by EPA ID# NYR 000043521 for CY 1999 has Lockheed Martin Corporation ES&H located at 365 Lakeville Rd., Great Neck, NY listed as handler and a large quantity generator of 294.5 tons of spent carbon from a groundwater treatment system.
- A Biennial Report found filed by EPA ID# NYR 000043521 for CY 2001 has Lockheed Martin Corporation located at 1111 Marcus Ave., Lake Success, NY 11042 generating 8 tons of solids from a tank used in a soil vapor extraction (groundwater) treatment unit. Report notes a change of address from 365 Lakeville Rd. in the facility comments. Note this is the last biennial report found for EPA ID# NYR 000043521 through 2007. [BRS database]
- A Biennial Report found filed by EPA ID# NYR 000122648 for CY 2003 has Antech Diagnostics located at 1111 Marcus Ave., Lake Success, NY 11042. Antech Diagnostics is listed as the operator and i.Park Lake Success LLC (i.Park) as the owner as of March 2000. Lockheed Martin sold the property to i.Park who then was granted a change of address for the property from 365 Lakeville Rd. Great Neck, NY 11020 to 1111 Marcus Ave, Lake Success, NY 11042.
- The property was developed by i.Park into a multi-use structure. There are three different operators listed as being located at 1111 Marcus Ave., Lake Success, NY 11042: Lockheed Martin (EPA ID# NYR000043521), Antech Diagnostics (EPA ID# NYR000122546), and i.Park Lake Success (as EPA ID # NYR000147264).[Envirofacts]

Per your conversation with Ms. Curtis, activity is noted to occur under EPA ID# NYR 000043524 to the present. This filing of forms will not only correct the status of the facility, but will be used to correct a September 2011 waste manifest, and in other communications at the State level.

Sincerely,

ARCADIS of New York, Inc.

  
Nicholas Valkenburg  
Vice President

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II  
2012 MAR -2 PM 4:39  
RCRA PROGRAMS  
BRANCH


Attachments

Copies:

Robert S. Phillips, Lockheed Martin  
Mary Morningstar, Lockheed Martin  
Art Zahradnik, ARCADIS  
Scott Morris, ARCADIS  
Laura Curtis, ARCADIS



3/16/12 E. J. Lued  
(BL)

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b> REGIONAL PROGRAMS BRANCH 2012 MAR -2 PM 4:39 ENVIRONMENTAL PROTECTION AGENCY, REGION II			
<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, $>1$ kg of acute hazardous waste, or $>100$ kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)			
<b>2. Site EPA ID Number</b>	EPA ID Number <u>N</u> <u>Y</u> <u>R</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>4</u> <u>3</u> <u>5</u> <u>2</u> <u>1</u>			
<b>3. Site Name</b>	Name: Lockheed Martin Corporation			
<b>4. Site Location Information</b>	Street Address: 1111 Marcus Ave. City, Town, or Village: Lake Success County: Nassau State: NY Country: USA Zip Code: 11042			
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	A. <u>5</u> <u>6</u> <u>2</u> <u>9</u> <u>1</u> B. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> C. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> D. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>			
<b>7. Site Mailing Address</b>	Street or P.O. Box: 1111 Marcus Ave. City, Town, or Village: Lake Success State: NY Country: USA Zip Code: 11042			
<b>8. Site Contact Person</b>	First Name: Robert MI: S. Last: Phillips Title: Project Lead - Lockheed Martin Corporation Street or P.O. Box: 2950 N. Hollywood Way Suite 125 City, Town or Village: Burbank State: CA Country: USA Zip Code: 91505 Email: robert.s.phillips@lmco.com Phone: 817-495-0251 Ext.: Fax:			
<b>9. Legal Owner and Operator of the Site</b>	A. Name of Site's Legal Owner: iPark Lake Success LLC - see Sec. 13 Date Became Owner: 03/20/2000 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 1111 Marcus Avenue City, Town, or Village: Lake Success Phone: 516-616-9500 State: NY Country: USA Zip Code: 11042 B. Name of Site's Operator: Lockheed Martin Corporation Date Became Operator: 04/22/1996 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☒ N ☐**2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.Y ☐ N ☒**3. United States Importer of Hazardous Waste**Y ☐ N ☒**4. Mixed Waste (hazardous and radioactive) Generator**Y ☐ N ☒**5. Transporter of Hazardous Waste**  
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace**  
If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) \_\_\_\_\_ ☐
- f. Other (specify) \_\_\_\_\_ ☐
- g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☒**1. Used Oil Transporter**  
If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**  
If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**  
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications



**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008					

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

none					

**12. Notification of Hazardous Secondary Material (HSM) Activity**

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.


**13. Comments**

Notification submitted for EPA ID #NYR000043521 to change generator status from large quantity generator to conditionally exempt small generator, consistent with current operations and to recognize any records under EPA ID # NYD075796037 is documented under EPA ID #NYR000043521. See attached letter to US EPA - Region 2 explaining how two EPA ID numbers exist for the same physical site, but this site does not have the same address. A subsequent notification has been submitted concurrently to inactivate EPA ID # NYD075796037.

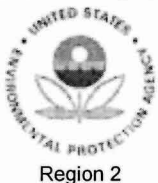
9A - i.Park Lake Success LLC owner, and its successors (Apollo Lake Success Properties, LLC and 1111 Marcus Avenue Unit 2 Owners, LLC).

10.A.2 - Current one-time lead paint abatement activities in 1Q2012 may cause generator to be a small quantity generator for one month, but will then return to a conditionally exempt small generator status (CESQG), as these activities are not part of an ongoing process.

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Robert S. Phillips, Project Lead	02/29/2012

2012 MAR - 2 PM 02:29  
RCRA PROGRAM  
BRANCH  
CONFIDENTIAL PRODUCT  
AGENCY REGION 2



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

**04/14/2006**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

<b>EPA I.D. NUMBER:</b>	<b>NYR000043521</b>
<b>INSTALLATION NAME:</b>	<b>IPARK LAKE SUCCESS LLC</b>
<b>INSTALLATION ADDRESS :</b>	<b>1111 MARCUS AVE LAKE SUCCESS, NY 11042-1034</b>
<b>MAILING ADDRESS :</b>	<b>1111 MARCUS AVE LAKE SUCCESS, NY 11042-1034</b>

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-3056**

**TO: IPARK LAKE SUCCESS LLC  
or Current Occupant  
ATTN: GEORGE MULLEN  
1111 MARCUS AVE  
LAKE SUCCESS, NY 11042-1034**



**SEND COMPLETED  
FORM TO:**  
The Appropriate State or  
EPA Regional Office.

## United States Environmental Protection Agency

**RCRA SUBTITLE C SITE IDENTIFICATION FORM**

**1. Reason for  
Submittal**  
(See instructions  
on page 13.)

MARK ALL BOX(ES)  
THAT APPLY

**Reason for Submittal:**

- ☒ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # \_\_\_\_\_)
- ☐ As a component of the Hazardous Waste Report

**2. Site EPA ID  
Number (page 14)**

EPA ID Number

N.Y.R. 000,043,524

**3. Site Name**  
(page 14)

Name:

IPARK LAKE SUCCESS

**4. Site Location  
Information**  
(page 14)

Street Address: 1111 MARCUS AVE.

City, Town, or Village: LAKE SUCCESS

State: NY

County Name: NASSAU

Zip Code: 11042 - 1034

**5. Site Land Type**  
(page 14)

Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

**6. North American  
Industry  
Classification  
System (NAICS)  
Code(s) for the Site**  
(page 14)

A.

621498

B.

| | | | |

C.

| | | | |

D.

| | | | |

**7. Site Mailing  
Address**  
(page 15)

Street or P. O. Box: 1111 MARCUS AVE

City, Town, or Village: LAKE SUCCESS

State: NEW YORK

Country: USA

Zip Code: 11042

**8. Site Contact  
Person**  
(page 15)

First Name: GEORGE

MI:

Last Name: MULLEN

Phone Number: 516-616-9500

Extension:

Email address:

**9. Operator and  
Legal Owner  
of the Site**  
(pages 15 and 16)

A. Name of Site's Operator:  
IPARK LAKE SUCCESS LLC

Date Became Operator (mm/dd/yyyy):

3/10/2000

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ OtherB. Name of Site's Legal Owner:  
IPARK LAKE SUCCESS LLC

Date Became Owner (mm/dd/yyyy):

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

DHL  
Change (Owner)  
781-3000  
Call Fisher Control (516)  
Per Frank 4/4/06 10:15

<b>9. Legal Owner (Continued) Address</b>	<b>Street or P. O. Box:</b> 1111 MARCUS AVE
	<b>City, Town, or Village:</b> LAKE SUCCESS
	<b>State:</b> NY
	<b>Country:</b> USA
	<b>Zip Code:</b> 11042

**10. Type of Regulated Waste Activity**

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

**A. Hazardous Waste Activities**

Complete all parts for 1 through 6.

☒ ☐ ☐ **1. Generator of Hazardous Waste**

If "Yes", choose only one of the following - a, b, or c.

- ☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)  
of non-acute hazardous waste; or  
(TEMPORARY NUMBER REQUESTED)
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)  
of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)  
of non-acute hazardous waste

In addition, indicate other generator activities.

☐ ☐ ☐ **d. United States Importer of Hazardous Waste**☐ ☐ ☐ **e. Mixed Waste (hazardous and radioactive) Generator**☐ ☐ ☐ **2. Transporter of Hazardous Waste**☐ ☐ ☐ **3. Treater, Storer, or Disposer of****Hazardous Waste (at your site)** Note:  
A hazardous waste permit is required for  
this activity.☐ ☐ ☐ **4. Recycler of Hazardous Waste (at your  
site)**☐ ☐ ☐ **5. Exempt Boiler and/or Industrial  
Furnace**

If "Yes", mark each that applies.

- ☐ a. Small Quantity On-site Burner  
Exemption
- ☐ b. Smelting, Melting, and Refining  
Furnace Exemption

☐ ☐ ☐ **6. Underground Injection Control****B. Universal Waste Activities**

- ☐ ☐ ☐ **1. Large Quantity Handler of Universal Waste (accumulate  
5,000 kg or more) [refer to your State regulations to  
determine what is regulated]. Indicate types of universal  
waste generated and/or accumulated at your site. If "Yes",  
mark all boxes that apply:**

	Generate	Accumulate
<input checked="" type="checkbox"/> a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ ☐ ☐ **2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities**

Mark all boxes that apply.

☐ ☐ ☐ **1. Used Oil Transporter**

If "Yes", mark each that applies.

- ☐ a. Transporter
- ☐ b. Transfer Facility

☐ ☐ ☐ **2. Used Oil Processor and/or Re-refiner**

If "Yes", mark each that applies.

- ☐ a. Processor
- ☐ b. Re-refiner

☐ ☐ ☐ **3. Off-Specification Used Oil Burner**☐ ☐ ☐ **4. Used Oil Fuel Marketer**

If "Yes", mark each that applies.

- ☐ a. Marketer Who Directs Shipment of  
Off-Specification Used Oil to  
Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the  
Used Oil Meets the Specifications



# RCRAREp Handler Detail Report

Report run on: March 29, 2006 9:58 AM

## Facility Information

Name/ID, Location / Activity Location, GPRA	Dist	Notified	SNC	Regulated Activity
LOCKHEED MARTIN CORPORATION	1	OK		LG -----
NYR000043521 1111 MARCUS AVE, LAKE SUCCESS NY				

### Extract Flag

All data for this Handler is released to the Public (except any enforcement-sensitive CME data)

### Activity Location

Handler Module Data for NY State only

#### Other Site Name

01/01/01 99 Biennial	LOCKHEED MARTIN CORP ES&H
02/26/98 97 Biennial	LOCKHEED MARTIN CORP

#### Location Address

05/22/02 01 Biennial	1111 MARCUS AVE NASSAU (NY059) LAKE SUCCESS, NY 11042 State District: NYSDEC R1 Land Type: X (X)
01/01/01 99 Biennial	365 LAKEVILLE RD NASSAU (NY059) GREAT NECK, NY 110201696 State District: NYSDEC R1 Land Type: U (U)
02/26/98 97 Biennial	UNION TURNPIKE & LAKEVILLE RD NASSAU (NY059) NORTH HEMPSTEAD, NY 110400000 State District: NYSDEC R1 Land Type: U (U)
08/12/97 Notification	UNION TNPk & LAKEVILLE RD NASSAU (NY059) NORTH HEMPSTEAD, NY 11040 State District: NYSDEC R1 Land Type: Private (P)

#### North American Industrial Classification (NAICS)

05/22/02 01 Biennial	56291
56291 Remediation Services	

#### Mailing Address

05/22/02 01 Biennial	88 DURYEA RD MELVILLE, NY 11747
01/01/01 99 Biennial	100 S CHARLES ST STE 1400 BALTIMORE, MD 212011696
02/26/98 97 Biennial	2550 N HOLLYWOOD WAY 3RD FLOOR BURBANK, CA 915050000
08/12/97 Notification	2550 N HOLLYWOOD WAY SUITE 301 BURBANK, CA 91505

#### Contact

# RCRA Rep Handler Detail Report

NYR000043521

Report run on: March 29, 2006 9:58 AM

## Contact

05/22/02 01 Biennial      NICHOLAS VALKENBURG  
  
Phone: (631) 391-5234  
01/01/01 99 Biennial      GENE MATSUSHITA  
Phone: (410) 468-1038  
02/26/98 97 Biennial      ROBERT C GILBERT  
Phone: (818) 847-0210  
08/12/97 Notification      DAVID JENSEN  
2550 N HOLLYWOOD WAY SUITE 301  
BURBANK, CA 91505  
Phone: (818) 847-0792

## Legal Owner/Operator of Site

08/12/97 Notification      Current Owner from -      D&B#:      (Private)  
LOCKHEED MARTIN CORP  
68801 ROCKLEDGE DR  
BETHESDA, MD 20817  
Phone: (301) 897-6000

## Regulated Hazardous Waste Activities

05/22/02 01 Biennial  
Federal Large Quantity Generator  
01/01/01 99 Biennial  
Federal Large Quantity Generator  
02/26/98 97 Biennial  
Federal Large Quantity Generator  
08/12/97 Notification  
Federal Large Quantity Generator

## Waste Codes

08/12/97 Notification	D000	D001	D002	D003	D004	D005	D007	D008
	D009	D011	D019	D022	F001	F002	F003	F005
	P012	P098	U028	U069	U080	U112	U135	U159
	U213	X001	X003					

D000	DESCRIPTION
D001	IGNITABLE WASTE
D002	CORROSIVE WASTE
D003	REACTIVE WASTE
D004	ARSENIC
D005	BARIUM
D007	CHROMIUM
D008	LEAD
D009	MERCURY
D011	SILVER
D019	CARBON TETRACHLORIDE
D022	CHLOROFORM
F001	THE FOLLOWING SPENT HALOGENATED SOLVENTS USED IN DEGREASING: TETRACHLOROETHYLENE, TRICHLOROETHYLENE, METHYLENE CHLORIDE, 1,1,1-TRICHLOROETHANE, CARBON





## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/18/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYR000043521

FACILITY NAME -> LOCKHEED MARTIN CORP

MAILING ADDRESS -> 2550 N HOLLYWOOD WAY SUITE 301  
BURBANK, CA 91505

INSTALLATION ADDRESS -> UNION TNP & LAKEVILLE RD  
NORTH HEMPSTEAD, NY 11040

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: JENSEN, DAVID  
MGR GROUNDWATER  
LOCKHEED MARTIN CORP  
2550 N HOLLYWOOD WAY SUITE 301  
BURBANK, CA 91505

For full compliance with the information requested here is required by law (Section 8010 of the Resource Conservation and Recovery Act).



# Regulated Waste Activity

United States Environmental Protection Agency

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification  
(complete Item C)

C. Installation's EPA ID Number

N 41810101014315211

## II. Name of Installation (Include company and specific site name)

L O C K H E E D M A R T I N C O R P O R A T I O N

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

U N I O N T U R N P I K E A N D L A K E V I L L E

Street (continued)

R O A D

City or Town

State

ZIP Code

N O R T H H E M P S T E A D

N Y 11040

County Code

County Name

N A S S A U

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2 5 5 0 N H O L L Y W O O D W A Y S U I T E 3 0 1

City or Town

State

ZIP Code

B U R B A N K

C A 91505-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

J E N S E N

D A V I D

Job Title

Phone Number (area code and number)

M G R G R O U N D W A T E R 818-847-0792

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

☒☒

2 5 5 0 N H O L L Y W O O D W A Y 3 0 1

City or Town

State

ZIP Code

B U R B A N K

C A 91505-

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

L O C K H E E D M A R T I N C O R P O R A T I O N

Street, P.O. Box, or Route Number

6 8 0 1 R O C K L E D G E D R I V E

City or Town

State

ZIP Code

B E T H E S D A

M D 210817-

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)  
Month Day Year

3 0 1 - 8 9 7 - 6 0 0 0

☐☐

Yes

☒

No

☐☐☐☐☐☐☐

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

1. Generator (See instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Stoner, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Refractory
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
- ☒ X
2. Corrosive (D002)
- ☒ X
3. Reactive (D003)
- ☒ X
4. Toxicity Characteristic (D000)
- ☒ X

(List each EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 3 D 0 0 7 D 0 0 9 D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes)

1	2	3	4	5	6
F 0 0 1	F 0 0 3	F 0 0 5	F 0 0 2	U 2 1 3	U 1 3 5
7	8	9	10	11	12
U 0 2 8	U 0 6 9	U 3 5 0	U 0 8 0	U 1 1 2	U 1 5 9

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
X 8 5 0	X 9 0 0	X 7 2 6	X 9 1 0	X 1 6 5	X 7 2 5

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

Date Signed

Allen Krischker, ESH Admin.

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**IX. Description of Regulated Substances (Addition sheet)**

**B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. Use this page only if you need to list more than 12 waste codes.)**

13				14				15				16				17				18			
P	0	9	8	P	0	1	2	D	0	0	6	D	0	1	1	D	0	2	2	D	0	0	4
19				20				21				22				23				24			
D	0	1	9																				
25				26				27				28				29				30			
31				32				33				34				35				36			
37				38				39				40				41				42			
43				44				45				46				47				48			
49				50				51				52				53				54			
55				56				57				58				59				60			
61				62				63				64				65				66			
67				68				69				70				71				72			
73				74				75				76				77				78			
79				80				81				82				83				84			
85				86				87				88				89				90			
91				92				93				94				95				96			
97				98				99				100				101				102			
103				104				105				106				107				108			
109				110				111				112				113				114			
115				116				117				118				119				120			

Lockheed Martin Tactical Defense Systems  
365 Lakeville Road Great Neck, NY 11020 -1696  
Telephone (516) 574 - 2386 Facsimile (516) 574 - 1036



August 8, 1997

U.S.E.P.A. Region II  
250 Broadway  
22nd Floor  
New York, NY 10007-1866

U.S. EPA  
Region II  
250 Broadway  
New York, NY 10007-1866  
August 12, 1997

Subject: Request for New Site EPA ID Number

Mr. Jack Hoyt:

Enclosed is a copy of EPA Form 6700-12. Request that your office assign an EPA ID number for the regulated waste activity at the newly designated Lockheed Martin Corporation site located on the northeast corner at the intersection of Union Turnpike and Lakeville Road in the Town of North Hempstead, New York 11040. When a specific mailing address has been obtained for this site it will be forwarded to your office.

Should you require any additional information, please contact the undersigned at 516-574-2386.

Very truly,

A handwritten signature in black ink, appearing to read "Al Kriskker", written over a horizontal line.

Al Kriskker  
LMFS Principal Program  
Representative/Operations

AK/ek

Enclosure

cc: R. Gilbert  
D. Jensen  
RCRA Notifications, USEPA Region II, Air & Waste Management Division

For full instructions  
completing this form, the  
information requested here is  
required by law (Section 8070  
of the Resource Conservation  
and Recovery Act).



# Regulated Waste Activity

United States Environmental Protection Agency

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

## II. Name of Installation (Include company and specific site name)

L O C K H E E D M A R T I N C O R P O R A T I O N

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

U N I O N T U R N P I K E A N D L A K E V I L L E

Street (continued)

R O A D

City or Town

State

ZIP Code

N O R T H H E M P S T E A D

N Y 1 1 0 4 0

County Code

County Name

N A S S A U

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2 5 5 0 N H O L L Y W O O D W A Y S U I T E 3 0 1

City or Town

State

ZIP Code

B U R B A N K

C A

9 1 5 0 5 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

J E N S E N

D A V I D

Job Title

Phone Number (area code and number)

M I G R G R O U N D W A T E R 8 1 8 - 8 4 7 - 0 7 9 2

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

☒☒

2 5 5 0 N H O L L Y W O O D W A Y 3 0 1

City or Town

State

ZIP Code

B U R B A N K

C A

9 1 5 0 5 -

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

L O C K H E E D M A R T I N C O R P O R A T I O N

Street, P.O. Box, or Route Number

6 8 0 1 R O C K L E D G E D R I V E

City or Town

State

ZIP Code

B E T H E S D A

M D

2 0 8 1 7 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator

(Date Changed)  
Month Day Year

3 0 1 - 8 9 7 - 6 0 0 0

P

P

Yes

X

No

Month

Day

Year

Continue on reverse

Call Al Krueger (516) 574-2386

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Transfer, Storage, Disposal (at installation) Note: A permit is required for the activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Refractory
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Markers (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
- ☒
2. Corrosive (D002)
- ☒
3. Reactive (D003)
- ☒
4. Toxicity Characteristic (D000)
- ☒

(Use specific EPA hazardous waste number(s) for the Toxicity characteristic confirmation(s))

D 0 0 3 D 0 0 7 D 0 0 9 D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes)

1	2	3	4	5	6
F 0 0 1	F 0 0 3	F 0 0 5	F 0 0 2	U 2 1 3	U 1 3 5
7	8	9	10	11	12
U 0 2 8	U 0 6 9	U 3 5 0	U 0 8 0	U 1 1 2	U 1 5 9

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See Instructions.)

1	2	3	4	5	6
X 8 5 0	X 9 0 0	X 7 2 6	X 9 1 0	X 1 6 5	X 7 2 5

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

*Allen Kriskker*

Name and Official Title (type or print)

Allen Kriskker, ESH Admin.

Date Signed

8/13/97

XI. Comments



**IX. Description of Regulated Activity (See 40 CFR 261.11 - 261.13)**

**B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. Use this page only if you need to list more than 12 waste codes.)**

<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>
P 0 9 8	P 0 1 2	D 0 0 6	D 0 1 1	D 0 2 2	D 0 0 4
<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>
D 0 1 9					
<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>
<b>31</b>	<b>32</b>	<b>33</b>	<b>34</b>	<b>35</b>	<b>36</b>
<b>37</b>	<b>38</b>	<b>39</b>	<b>40</b>	<b>41</b>	<b>42</b>
<b>43</b>	<b>44</b>	<b>45</b>	<b>46</b>	<b>47</b>	<b>48</b>
<b>49</b>	<b>50</b>	<b>51</b>	<b>52</b>	<b>53</b>	<b>54</b>
<b>55</b>	<b>56</b>	<b>57</b>	<b>58</b>	<b>59</b>	<b>60</b>
<b>61</b>	<b>62</b>	<b>63</b>	<b>64</b>	<b>65</b>	<b>66</b>
<b>67</b>	<b>68</b>	<b>69</b>	<b>70</b>	<b>71</b>	<b>72</b>
<b>73</b>	<b>74</b>	<b>75</b>	<b>76</b>	<b>77</b>	<b>78</b>
<b>79</b>	<b>80</b>	<b>81</b>	<b>82</b>	<b>83</b>	<b>84</b>
<b>85</b>	<b>86</b>	<b>87</b>	<b>88</b>	<b>89</b>	<b>90</b>
<b>91</b>	<b>92</b>	<b>93</b>	<b>94</b>	<b>95</b>	<b>96</b>
<b>97</b>	<b>98</b>	<b>99</b>	<b>100</b>	<b>101</b>	<b>102</b>
<b>103</b>	<b>104</b>	<b>105</b>	<b>106</b>	<b>107</b>	<b>108</b>
<b>109</b>	<b>110</b>	<b>111</b>	<b>112</b>	<b>113</b>	<b>114</b>
<b>115</b>	<b>116</b>	<b>117</b>	<b>118</b>	<b>119</b>	<b>120</b>



Lockheed Martin Tactical Defense Systems  
365 Lakeville Road Great Neck, NY 11020 -1696  
Telephone (516) 574-2386 Facsimile (516) 574-1036



August 8, 1997

U.S.E.P.A. Region II  
250 Broadway  
22nd Floor  
New York, NY 10007-1866

Subject: Request for New Site EPA ID Number

Mr. Jack Hoyt:

Enclosed is a copy of EPA Form 6700-12. Request that your office assign an EPA ID number for the regulated waste activity at the newly designated Lockheed Martin Corporation site located on the northeast corner at the intersection of Union Turnpike and Lakeville Road in the Town of North Hempstead, New York 11040. When a specific mailing address has been obtained for this site it will be forwarded to your office.

Should you require any additional information, please contact the undersigned at 516-574-2386.

Very truly,

A handwritten signature in black ink, appearing to read "Al Kriskcher", written over a horizontal line.

Al Kriskcher  
LMFS Principal Program  
Representative/Operations

AK/ek

Enclosure

cc: R. Gilbert  
D. Jensen  
RCRA Notifications, USEPA Region II, Air & Waste Management Division

**UNISYS**

# Miscellaneous Shipping Order/ Interbuilding Manifest

Unisys Corporation  
365 Lakeville Road  
Great Neck, New York 11020-1696

- ☒ Miscellaneous Shipping Order  
☐ Interbuilding Shipping Manifest

No. **A151022**Date **August 13, 1997**Does Shipment Contain Hazardous  
Material? ☐ Yes\* ☐ NoSecurity Class. **None**

Ship To **U.S.E.P.A. Region II**  
**250 Broadway**  
**22nd Floor**  
**New York, NY 10007-1866**  
**Attn: Mr. Jack Hoyt**

From **Lockheed Martin Tactical Defense S**  
**365 Lakeville Road**  
**Great Neck, NY 11020**  
**Attn: Al. Krischker 1P10**

☐ 365 Lakeville Road  
Great Neck, N.Y.  
11020-1696☐ 2230 Smithtown Ave.  
Ronkonkoma, N.Y.  
11779**Misc.  
Shipping  
Order**

To be completed by Issuer	Date Matl. Reqd.	Cust. Order No.	A.O./J.O.	Bill of Lading/Airbill No.	<input type="radio"/> Prepaid <input type="radio"/> Collect	<input type="radio"/> Export F.O.B.
			<b>4006 - U2H1</b>			
To be completed by Traffic/ Shipping	Dimensions	Gross Weight	Insure For	Date Shipped		
Package No.	Net Weight	Trans. Charges				

**Interbuilding Manifest**

Shipment Received by	Date	Addressee Signature	Date
----------------------	------	---------------------	------

Building	Addressee	F	Building	Sender	
<b>T</b>		<b>R</b>			
<b>O</b>		<b>O</b>			
		<b>M</b>			
Dept.	Mail Sta.	Tel. Ext.	Dept.	Mail Sta.	Tel. Ext.

Item No.	Part No.	S/N	Description (including size)	Qty
			<b>2 letters &amp; EPA forms</b>	<b>2</b>

**PLEASE FED\_X NEXT DAY.**

Issuer/Sender	Print	Signature	Date	Title	Dept.	Tel.	M.S.
<b>A. Krischker</b>		<i>[Signature]</i>	<b>8/13/97</b>	<b>ESH Mngc.</b>	<b>U2H1</b>	<b>2386</b>	<b>1P10</b>
Approval	Print	Signature	Date	Title	Dept.	Tel.	M.S.
<input type="radio"/> Code B** <input type="radio"/> Other	<b>A. Krischker</b>	<i>[Signature]</i>	<b>8/13/97</b>	<b>ESH Mngc.</b>	<b>U2H1</b>	<b>2386</b>	<b>1P10</b>

\*In order to ensure compliance with DOT regulations, hazardous material must be sent to the Shipping Dept., M.S. P-11, for packaging.

\*\*Required on all Miscellaneous Shipping Orders. See OPP 4.64, 4.66.

UC155(1/94)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 2  
290 BROADWAY  
NEW YORK, NY 10007-1866

October 9, 2007

IPARK Lake Success  
Att: George Mullen  
1111 Marcus Ave  
Lake Success, NY 11042-1034

Dear Mr. Mullen:

A new Resource Conservation & Recovery Act Identification (RCRA ID) number = **NYR000147264** has been issued to the 1111 Marcus Ave, Lake Success, NY location for IPARK. The older existing RCRA ID number, **NYR000043521**, for this location was originally issued to Lockheed Martin Corp, and continues to be used by that company for remediation at the site.

Therefore please use the **NYR000147264** RCRA ID number on any manifests of hazardous waste material for your site. You may call me at 212-637-3194 with any questions regarding this issue.

Sincerely,

A handwritten signature in cursive script, appearing to read "B. Lopez", is written over a horizontal line.

Betsy Lopez  
Environmental Protection Specialist  
Division of Environmental Planning and Protection-RCRA Programs Branch

Cc: Roland Ivers, NYSDEC, DSHM, Hazardous Waste Manifests Section

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Maps

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New User? Sign Up

NYR0000 43521

Maps Home - Broad



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View Additional Information

LEARN MORE

# ★ Map for: 365 Lakeville Rd Great Neck, NY 11020, United States Sav

Driving Directions: [To Here](#) - [From Here](#)

Printable Version Email Map Link

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Get in there!

Get a Map

365 Lakeville Rd,

Get Map

Live Traffic On | Off

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SmartView™

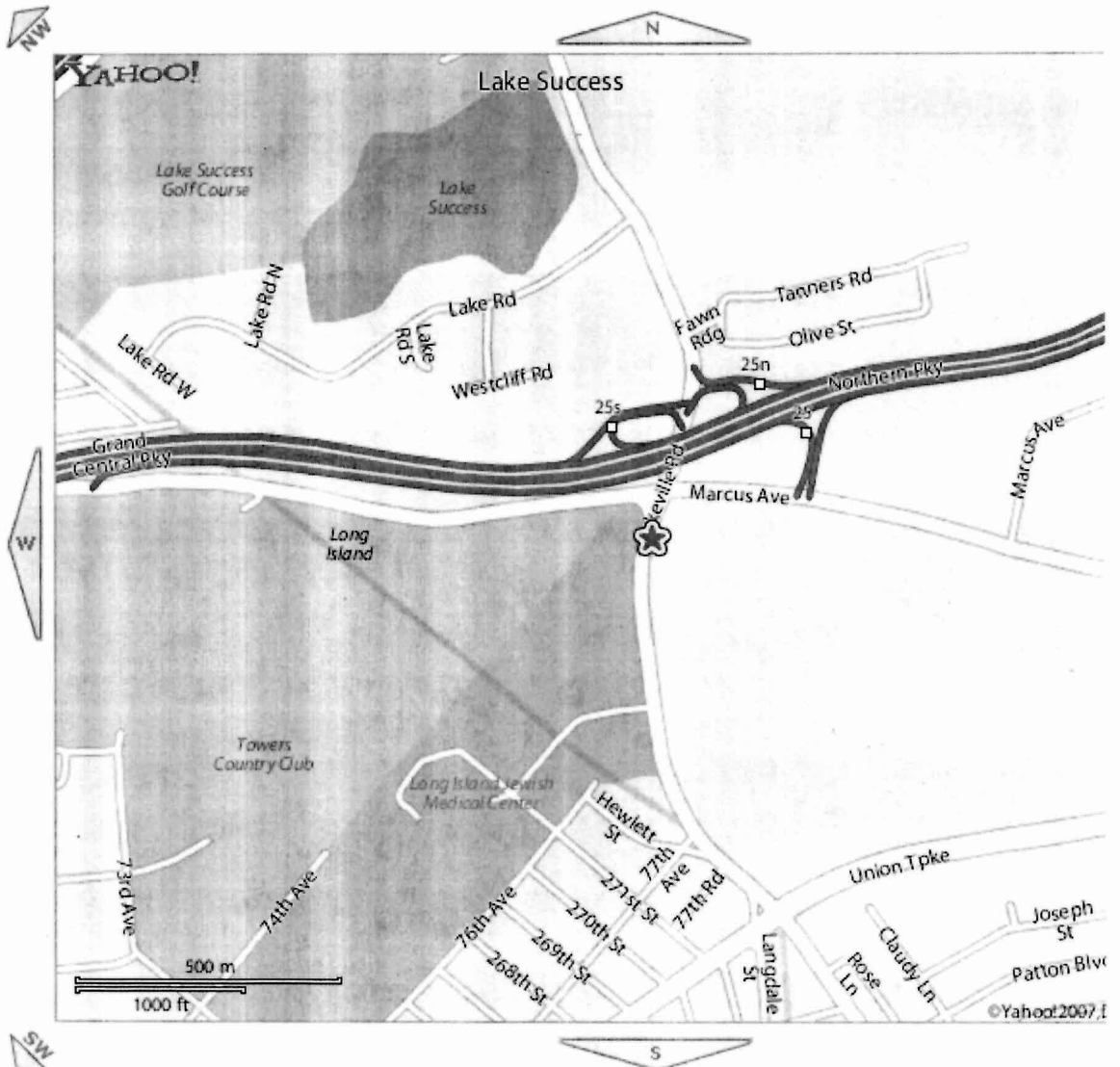
See Locations on this Map

- Food & Dining**
- Recreation & Entertainment**
- Community Services**
- Shopping & Services**
- Travel & Transportation**
- Financial & ATMs**

What's this?

Find more nearby...

**Yahoo! Local**



See these business locations on this map



Zoom in & Re-Center Re-Center only





## ★ Map for: 1111 Marcus Ave Lake Success, NY 11042, United States:

Driving Directions: [To Here](#) - [From Here](#)

[Printable Version](#) [Email Map](#) [Link](#)

Check out our latest maps technology with satellite photos, drag & drop maps, and more...

**Get in there!**

Get a Map

1111 Marcus Ave ▾

[Get Map](#)

Live Traffic On | Off

[VIEW TRAFFIC ON MAP](#) ➔

SmartView™

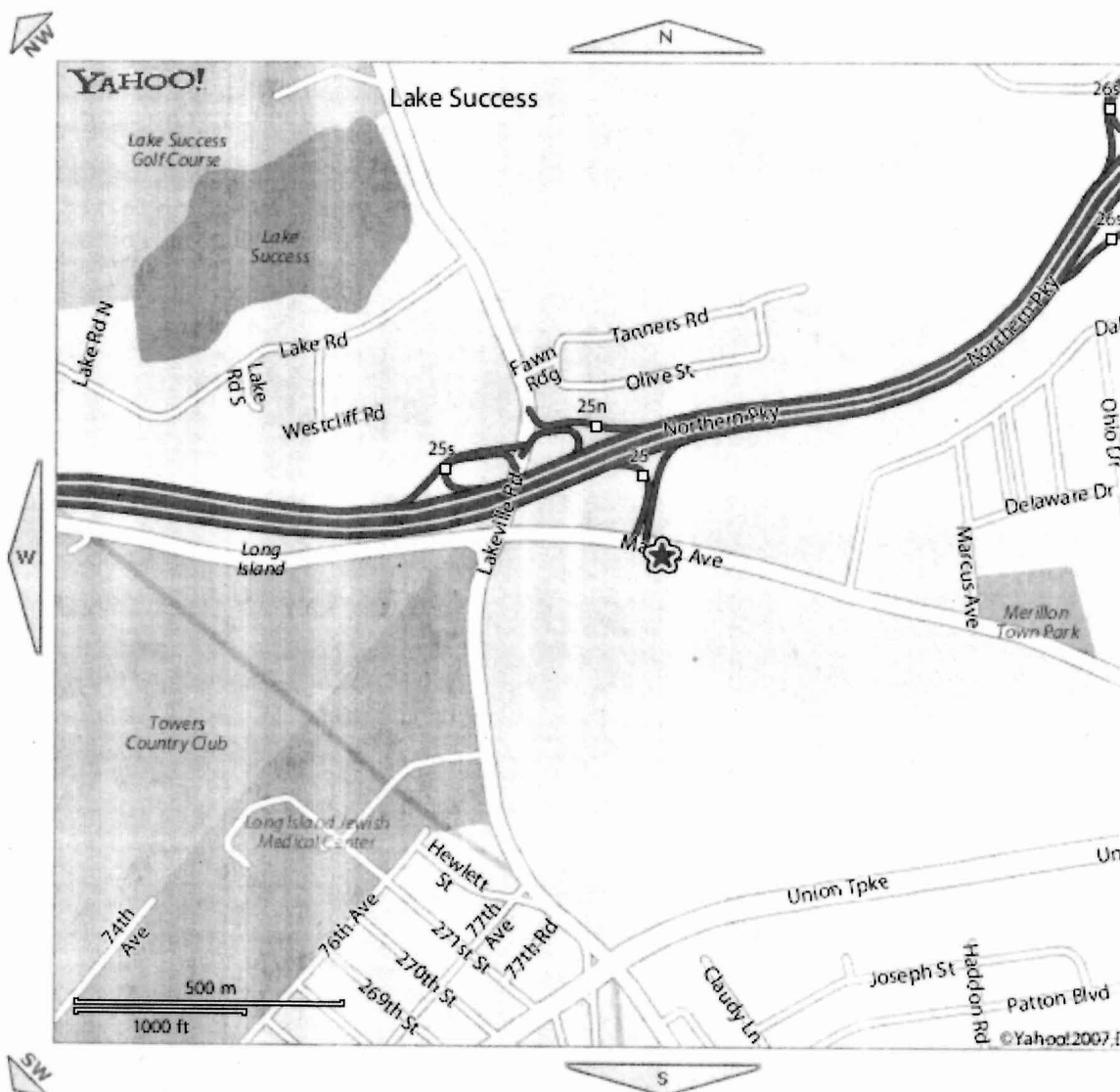
See Locations on this Map

- ▣ **Food & Dining**
- ▣ **Recreation & Entertainment**
- ▣ **Community Services**
- ▣ **Shopping & Services**
- ▣ **Travel & Transportation**
- ▣ **Financial & ATMs**

What's this?

Find more nearby...

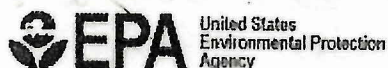
**Yahoo! Local**



See these business locations on this map



☒ Zoom in & Re-Center ☐ Re-Center only



## Update a Site Identification Form



IPARK LAKE SUCCESS LLC

LAKE SUCCESS

NYR000043521

Navigational Shortcuts: [General Information](#) [Reason Site ID and Name Location Land Type NAICS Mailing Contact Owner and Operator Waste Activity Lat/Long](#) [Haz. Wastes Certification](#)

Last Updated By: NUS

*Removed this record from the file*

Last Updated On: 05/01/2006

## General Information

Received Date:*	03/28/2006	Non-notifier:	Select
Number of Employees:	0	Extract to Public? <input checked="" type="checkbox"/>	Send Acknowledgement:
Accessibility:	Select		

## 1. Reason for Submittal \*

<input type="checkbox"/>	To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). [Source N]
<input checked="" type="checkbox"/>	To provide subsequent notification (to update site identification information). [Source N]
<input type="checkbox"/>	As a component of a First RCRA Hazardous Waste Part A Permit Application. [Source A]
<input type="checkbox"/>	As a component of a Revised RCRA Hazardous Waste Part A Permit Application. [Source A]
<input type="checkbox"/>	As a component of the Hazardous Waste Report. [Source R]
<input type="checkbox"/>	Implementer - Agency that is implementer of Record for Handler. [Source I]
<input type="checkbox"/>	Emergency. [Source E]
<input type="checkbox"/>	Temporary. [Source T]

## 2. Site ID

EPA ID:*	NYR000043521	Activity Location:*	NY	
----------	--------------	---------------------	----	--

## 3. Site Name

Name:*	IPARK LAKE SUCCESS LLC
--------	------------------------

## 4. Site Location (Physical address, not P.O. Box or Route)

Copy from: Select

Number:	1111		
Street 1:*	MARCUS AVE		
Street 2:			
City:*	LAKE SUCCESS	State:*	NEW YORK

Zip Code:*	110421034	County:*	NASSAU
State District:	NYSDEC R1		

**5. Site Land Type \***

Site Land Type:	Private
-----------------	---------

**6. North American Industry Classification System (NAICS)** [Hint](#)

Choose NAICS:	Select						
	NAICS A	NAICS B	NAICS C	NAICS D			
NAICS A:*	621498 (Primary)	NAICS B:		NAICS C:		NAICS D:	

**7. Site Mailing Address**Copy from: [Select](#)

Number:	1111		
Street 1:*	MARCUS AVE		
Street 2:			
City: *	LAKE SUCCESS	State: *	NEW YORK
Zip Code: *	110421034	Country: *	UNITED STATES

**8. Site Contact Person** [Same as Permit Contact](#)

First Name: *	GEORGE	Middle Initial:		Last Name: *	MULLEN
Phone Number: *	5166169500	Extension:		Email Address:	

**8a. Site Contact Address**Copy from: [Select](#)

Number:	1111		
Street 1:	MARCUS AVE		
Street 2:			
City:	LAKE SUCCESS	State:	NEW YORK
Zip Code:	110421034	Country:	UNITED STATES

Zip Code:*	110421034	County:*	NASSAU
State District:	NYSDEC R1		

**5. Site Land Type \***

Site Land Type:	Private
-----------------	---------

**6. North American Industry Classification System (NAICS) [Hint](#)**

Choose NAICS:	Select						
	<a href="#">NAICS A</a> <a href="#">NAICS B</a> <a href="#">NAICS C</a> <a href="#">NAICS D</a>						
NAICS A:*	621498 (Primary)	NAICS B:		NAICS C:		NAICS D:	

**7. Site Mailing Address**

Copy from: Select

Number:	1111		
Street 1:*	MARCUS AVE		
Street 2:			
City: *	LAKE SUCCESS	State: *	NEW YORK
Zip Code: *	110421034	Country: *	UNITED STATES

**8. Site Contact Person** [Same as Permit Contact](#)

First Name: *	GEORGE	Middle Initial:		Last Name: *	MULLEN
Phone Number: *	5166169500	Extension:		Email Address:	

**8a. Site Contact Address**

Copy from: Select

Number:	1111		
Street 1:	MARCUS AVE		
Street 2:			
City:	LAKE SUCCESS	State:	NEW YORK
Zip Code:	110421034	Country:	UNITED STATES



**9. Legal Owner and Operator \*** [Hint](#)**A. Legal Owner** [Add](#) [Delete All Owners](#)

Seq.	Ind.	Type	Name	Address	Date Became Current	Date Ended Current
1	CO	P	<u>LOCKHEED MARTIN CORP</u>	68801 ROCKLEDGE DR BETHESDA MD 20817	01/01/0001	
3	CO	P	<u>IPARK LAKE SUCCESS LLC</u>	US	03/10/2000	

**B. Legal Operator** [Add](#) [Delete All Operators](#)

Seq.	Ind.	Type	Name	Address	Date Became Current	Date Ended Current
2	CP	P	<u>IPARK LAKE SUCCESS LLC</u>	US	03/10/2000	

**10. Type of Federal Regulated Waste Activity \*****A. Hazardous Waste Activity****1. Generator of Hazardous Waste (Federal) \***Large Quantity Generator ☐

Indicate other generator activities (check all that apply).

☐ d. United States Importer of Hazardous Waste☐ e. Mixed Waste (hazardous and radioactive) Generator**Generator of Hazardous Waste (State) \***9 - Not Yet Determined ☐

For items 2 through 6, check all that apply.

Unknown ☐ **2. Transporter of Hazardous Waste**☐ **3. Treater, Storer, or Disposer of Hazardous Waste ...**Unknown ☐ **4. Recycler of Hazardous Waste ...****5. Exempt Boiler and / or Industrial Furnace**Unknown ☐ a. Small Quantity On-site Burner ExemptionUnknown ☐ b. Smelting, Melting, Refining Furnace, ExemptionUnknown ☐ **6. Underground Injection Control****B. Universal Waste Activities****1. Large Quantity Handler of Universal Waste ...**

Generated Accumulated

Batteries ☐ ☐Thermostats ☐ ☐**C. Used Oil Activities****1. Used Oil Transporter - Indicate types of activities.**Unknown ☐ a. TransporterUnknown ☐ b. Transfer Facility

Lamps <input type="checkbox"/>	<input type="checkbox"/>	<b>2. Used Oil Processor and / or Re-refiner - Indicate types of activities.</b> Unknown <input type="checkbox"/> a. Processor Unknown <input type="checkbox"/> b. Re-refiner Unknown <input type="checkbox"/> <b>3. Off-Specification Used Oil Burner</b> <b>4. Used Oil Fuel Marketer - Indicate types of activities.</b> Unknown <input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner Unknown <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications
Pesticides <input type="checkbox"/>	<input type="checkbox"/>	
Unknown <input type="checkbox"/> <b>2. Destination Facility for Universal Waste ...</b>		
<b>D. State Activities</b>		
No State Activities Available.		

**10a. Latitude and Longitude**

Latitude:	0	Longitude:	0
Geometric Type Code:	Select		
Reference Point Code:	Select		
Source Map Scale Numbers:	0	Horizontal Accuracy Measure:	
Horizontal Collection Method:	Select		
Horizontal Reference Datum:	Select		

**11. Description of Hazardous Waste** [Hint](#)

Dropdown Size: 10

Type D <a href="#">Select All</a> / <a href="#">Remove All</a>	Type F <a href="#">Select All</a> / <a href="#">Remove All</a>	Type K <a href="#">Select All</a> / <a href="#">Remove All</a>	Type P <a href="#">Select All</a> / <a href="#">Remove All</a>	Type U <a href="#">Select All</a> / <a href="#">Remove All</a>	Type X <a href="#">Select All</a> / <a href="#">Remove All</a>

Lamps <input type="checkbox"/> <input type="checkbox"/> Pesticides <input type="checkbox"/> <input type="checkbox"/> Unknown <input type="checkbox"/>	<b>2. Used Oil Processor and / or Re-refiner - Indicate types of activities.</b> Unknown <input type="checkbox"/> a. Processor Unknown <input type="checkbox"/> b. Re-refiner Unknown <input type="checkbox"/>
<b>2. Destination Facility for Universal Waste ...</b>	
<b>3. Off-Specification Used Oil Burner</b> <b>4. Used Oil Fuel Marketer - Indicate types of activities.</b> Unknown <input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner Unknown <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications	
<b>D. State Activities</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">No State Activities Available.</div>	

**10a. Latitude and Longitude**

Latitude:	0	Longitude:	0
Geometric Type Code:	Select		
Reference Point Code:	Select		
Source Map Scale Numbers:	0	Horizontal Accuracy Measure:	
Horizontal Collection Method:	Select		
Horizontal Reference Datum:	Select		

**11. Description of Hazardous Waste** [Hint](#)

Dropdown Size: 10

Type D <a href="#">Select All</a> / <a href="#">Remove All</a>	Type F <a href="#">Select All</a> / <a href="#">Remove All</a>	Type K <a href="#">Select All</a> / <a href="#">Remove All</a>	Type P <a href="#">Select All</a> / <a href="#">Remove All</a>	Type U <a href="#">Select All</a> / <a href="#">Remove All</a>	Type X <a href="#">Select All</a> / <a href="#">Remove All</a>

D001	F001	K001	LABP	U001	B001
D002	F002	K002	P001	U002	B002
D003	F003	K003	P002	U003	B003
D004	F004	K004	P003	U004	B004
D005	F005	K005	P004	U005	B005
D006	F006	K006	P005	U006	B006
D007	F007	K007	P006	U007	B007
D008	F008	K008	P007	U008	
D009	F009	K009	P008	U009	
D010	F010	K010	P009	U010	
Total D Selected: 1	Total F Selected: 0	Total K Selected: 0	Total P Selected: 0	Total U Selected: 0	Total X Selected: 0

**12. Comments** [Clear Notes](#)

Chars Remaining

LOCATION ADDRESS FOUND IN THE US POST OFFICE INTERNET SEARCH

**13. Certification \***[Add](#) [Delete All Certifiers](#)[Hint](#) [Read the certification.](#)

First Name:	M.I.:	Last Name:	Title:	Date Signed:
NICHOLAS		VALKENBURG	AGENT OF L M	05/22/2002
RICHARD		MARCEL	FACILITY CONSTRUCTION MGR	03/27/2006

navigational Shortcuts: [General Information](#) [Reason](#) [Site ID and Name](#) [Location](#) [Land Type](#) [NAICS](#) [Mailing Contact](#) [Owner and Operator](#) [Waste Activity](#) [Lat/Long](#) [Wastes](#) [Certification](#)[Update](#) [Delete](#) [Cancel](#)

URL: /rcrainfo/handler/siteidmntn.jsp





## Update a Site Identification Form



PARK LAKE SUCCESS LLC

LAKE SUCCESS

NYR000043521

Navigation Shortcuts: [General Information](#) [Reason](#) [Site ID and Name](#) [Location](#) [Land Type](#) [NAICS](#) [Mailing](#) [Contact](#) [Owner and Operator](#) [Waste Activity](#) [Lat/Long](#)  
[Waste](#) [Certification](#)

Last Updated By: IGG

Last Updated On: 05/10/2007

## General Information

Received Date:*	03/28/2007	Non-notifier:	Select
Number of Employees:	0	Extract to Public? <input checked="" type="checkbox"/>	Send Acknowledgement:
Accessibility:	Select		

## 1. Reason for Submittal \*

<input type="checkbox"/>	To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). [Source N]
<input checked="" type="checkbox"/>	To provide subsequent notification (to update site identification information). [Source N]
	As a component of a First RCRA Hazardous Waste Part A Permit Application. [Source A]
	As a component of a Revised RCRA Hazardous Waste Part A Permit Application. [Source A]
	As a component of the Hazardous Waste Report. [Source R]
	Implementer - Agency that is implementer of Record for Handler. [Source I]
	Emergency. [Source E]
	Temporary. [Source T]

## 2. Site ID

EPA ID:*	NYR000043521	Activity Location:*	NY
----------	--------------	---------------------	----

## 3. Site Name

Name:*	IPARK LAKE SUCCESS LLC
--------	------------------------

## 4. Site Location (Physical address, not P.O. Box or Route)

Copy from: Select

Number:	1111		
Street 1:*	MARCUS AVE		
Street 2:			
City:*	LAKE SUCCESS	State:*	NEW YORK

Zip Code:*	110421034	County:*	NASSAU
State District:	NYSDEC R1		

**5. Site Land Type \***

Site Land Type:	Private
-----------------	---------

**6. North American Industry Classification System (NAICS)** [Hint](#)

Choose NAICS:	Select						
	NAICS A NAICS B NAICS C NAICS D						
NAICS A:*	621498 (Primary)	NAICS B:		NAICS C:		NAICS D:	

**7. Site Mailing Address**

Copy from: Select

Number:	1111		
Street 1: *	MARCUS AVE		
Street 2:			
City: *	LAKE SUCCESS	State: *	NEW YORK
Zip Code: *	110421034	Country: *	UNITED STATES

**8. Site Contact Person** [Same as Permit Contact](#)

First Name: *	GEORGE	Middle Initial:		Last Name: *	MULLEN
Phone Number: *	5166169500	Extension:	4519	Email Address:	

**8a. Site Contact Address**

Copy from: Select

Number:	1111		
Street 1:	MARCUS AVE		
Street 2:			
City:	LAKE SUCCESS	State:	NEW YORK
Zip Code:	110421034	Country:	UNITED STATES

Zip Code:*	110421034	County:*	NASSAU
State District:	NYSDEC R1		

**5. Site Land Type \***

Site Land Type:	Private
-----------------	---------

**6. North American Industry Classification System (NAICS)** [Hint](#)

Choose NAICS:	Select						
	<a href="#">NAICS A</a> <a href="#">NAICS B</a> <a href="#">NAICS C</a> <a href="#">NAICS D</a>						
NAICS A:*	621498 (Primary)	NAICS B:		NAICS C:		NAICS D:	

**7. Site Mailing Address**Copy from: [Select](#)

Number:	1111		
Street 1:*	MARCUS AVE		
Street 2:			
City: *	LAKE SUCCESS	State: *	NEW YORK
Zip Code: *	110421034	Country: *	UNITED STATES

**8. Site Contact Person** [Same as Permit Contact](#)

First Name: *	GEORGE	Middle Initial:		Last Name: *	MULLEN
Phone Number: *	5166169500	Extension:	4519	Email Address:	

**8a. Site Contact Address**Copy from: [Select](#)

Number:	1111		
Street 1:	MARCUS AVE		
Street 2:			
City:	LAKE SUCCESS	State:	NEW YORK
Zip Code:	110421034	Country:	UNITED STATES

**9. Legal Owner and Operator \*** [Hint](#)
**A. Legal Owner** [Add](#) [Delete All Owners](#)

Seq.	Ind.	Type	Name	Address	Date Became Current	Date Ended Current
1	CO	P	<u>LOCKHEED MARTIN CORP</u>	68801 ROCKLEDGE DR BETHESDA MD 20817	01/01/0001	
3	CO	P	<u>IPARK LLC</u>	US	03/10/2000	

**B. Legal Operator** [Add](#) [Delete All Operators](#)

Seq.	Ind.	Type	Name	Address	Date Became Current	Date Ended Current
2	CP	P	<u>IPARK LLC</u>	US	03/10/2000	

**10. Type of Federal Regulated Waste Activity \***
**A. Hazardous Waste Activity**
**1. Generator of Hazardous Waste (Federal) \***

For items 2 through 6, check all that apply.

☐ Large Quantity Generator

☐ **2. Transporter of Hazardous Waste**
**Indicate other generator activities (check all that apply).**
☐ **3. Treater, Storer, or Disposer of Hazardous Waste ...**
☐ d. United States Importer of Hazardous Waste

☐ **4. Recycler of Hazardous Waste ...**
☐ e. Mixed Waste (hazardous and radioactive) Generator

**5. Exempt Boiler and / or Industrial Furnace**
**Generator of Hazardous Waste (State) \***
☐ a. Small Quantity On-site Burner Exemption

9 - Not Yet Determined

☐ b. Smelting, Melting, Refining Furnace, Exemption

☐ **6. Underground Injection Control**
**B. Universal Waste Activities**
**C. Used Oil Activities**
**1. Large Quantity Handler of Universal Waste ...**
**1. Used Oil Transporter - Indicate types of activities.**

Generated Accumulated

Batteries ☐ ☐

Thermostats ☐ ☐

Lamps ☐ ☐
☐ a. Transporter

☐ b. Transfer Facility

**2. Used Oil Processor and / or Re-refiner -**



Pesticides ☐☐ 2. Destination Facility for Universal Waste ...

Indicate types of activities.

☐ a. Processor☐ b. Re-refiner☐ 3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer - Indicate types of activities.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. State Activities

No State Activities Available.

## 10a. Latitude and Longitude

Latitude:	0	Longitude:	0
Geometric Type Code:	Select		
Reference Point Code:	Select		
Source Map Scale Numbers:	0	Horizontal Accuracy Measure:	
Horizontal Collection Method:	Select		
Horizontal Reference Datum:	Select		

11. Description of Hazardous Waste [Hint](#)

Dropdown Size: 10

Type D <a href="#">Select All</a> / <a href="#">Remove All</a> All	Type F <a href="#">Select All</a> / <a href="#">Remove All</a>	Type K <a href="#">Select All</a> / <a href="#">Remove All</a>	Type P <a href="#">Select All</a> / <a href="#">Remove All</a>	Type U <a href="#">Select All</a> / <a href="#">Remove All</a>	Type X <a href="#">Select All</a> / <a href="#">Remove All</a> All
D001	F001	K001	LABP	U001	B001
D002	F002	K002	P001	U002	B002
D003	F003	K003	P002	U003	B003
D004	F004	K004	P003	U004	B004
D005	F005	K005	P004	U005	B005
D006	F006	K006	P005	U006	B006
D007	F007	K007	P006	U007	B007
<b>D008</b>	F008	K008	P007	U008	
D009	F009	K009	P008	U009	
D010	F010	K010	P009	U010	

Pesticides ☐☐ 2. Destination Facility for Universal Waste ...

## Indicate types of activities.

☐ a. Processor☐ b. Re-refiner☐ 3. Off-Specification Used Oil Burner

## 4. Used Oil Fuel Marketer - Indicate types of activities.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## D. State Activities

No State Activities Available.

## 10a. Latitude and Longitude

Latitude:	0	Longitude:	0
Geometric Type Code:	Select		
Reference Point Code:	Select		
Source Map Scale Numbers:	0	Horizontal Accuracy Measure:	
Horizontal Collection Method:	Select		
Horizontal Reference Datum:	Select		

11. Description of Hazardous Waste [Hint](#)

Dropdown Size: 10

Type D <a href="#">Select All</a> / <a href="#">Remove All</a>	Type F <a href="#">Select All</a> / <a href="#">Remove All</a>	Type K <a href="#">Select All</a> / <a href="#">Remove All</a>	Type P <a href="#">Select All</a> / <a href="#">Remove All</a>	Type U <a href="#">Select All</a> / <a href="#">Remove All</a>	Type X <a href="#">Select All</a> / <a href="#">Remove All</a>
D001	F001	K001	LABP	U001	B001
D002	F002	K002	P001	U002	B002
D003	F003	K003	P002	U003	B003
D004	F004	K004	P003	U004	B004
D005	F005	K005	P004	U005	B005
D006	F006	K006	P005	U006	B006
D007	F007	K007	P006	U007	B007
<b>D008</b>	F008	K008	P007	U008	
D009	F009	K009	P008	U009	
D010	F010	K010	P009	U010	

Total D Selected: 1	Total F Selected: 0	Total K Selected: 0	Total P Selected: 0	Total U Selected: 0	Total X Selected: 0
---------------------	---------------------	---------------------	---------------------	---------------------	---------------------

**12. Comments** [Clear Notes](#)

Chars Remaining

THE EPA NYR000043521 ASSIGNED TO THIS ADDRESS WAS LISTED UNDER LOCKHEED MARTIN. WOULD LIKE TO TRANSFER GENERATOR NAME TO IPARK, LAKE SUCCESS, WHO ARE THE CURRENT TENANTS AND NEW GENERATOR.

**13. Certification \***

[Add](#) [Delete All Certifiers](#)

[Hint](#) [Read the certification.](#)

First Name:	M.I.:	Last Name:	Title:	Date Signed:
GEORGE		MULLEN	VICE PRES OPS	03/26/2007

Navigation Shortcuts: [General Information](#) [Reason Site ID and Name](#) [Location](#) [Land Type](#) [NAICS](#) [Mailing](#) [Contact](#) [Owner and Operator](#) [Waste Activity](#) [Lat/Long](#) [Wastes](#) [Certification](#)

[Update](#) [Delete](#) [Cancel](#)

URL: /rcrainfo/handler/siteidmntn.jsp





## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/18/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA ID. NUMBER -> NYR000043521

FACILITY NAME -> LOCKHEED MARTIN CORP

MAILING ADDRESS -> 2550 N HOLLYWOOD WAY SUITE 301  
BURBANK, CA 91505

INSTALLATION ADDRESS -> UNION TNPK & LAKEVILLE RD  
NORTH HEMPSTEAD, NY 11040

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: JENSEN, DAVID  
MGR GROUNDWATER  
LOCKHEED MARTIN CORP  
2550 N HOLLYWOOD WAY SUITE 301  
BURBANK, CA 91505



For filling out this form, the information requested here is required by law (Section 8070 of the Resource Conservation and Recovery Act).



# Regulated Waste Activity

United States Environmental Protection Agency

U.S. EPA  
AGENCY RO II

07-AUG-12 AM 11:56

U.S. EPA  
AGENCY

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

N Y 4 1 0 1 0 1 0 4 3 5 2 1

II. Name of Installation (Include company and specific site name)

L O C K H E E D M A R T I N C O R P O R A T I O N

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

U N I O N T U R N P I K E A N D L A K E V I L L E

Street (continued)

R O A D

City or Town

State

ZIP Code

N O R T H H E M P S T E A D

N Y

1 1 0 4 0

County Code

County Name

N A S S A U

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2 5 5 0 N H O L L Y W O O D W A Y S U I T E 3 0 1

City or Town

State

ZIP Code

B U R B A N K

C A

9 1 5 0 5 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

J E N S E N

D A V I D

Job Title

Phone Number (area code and number)

M G R G R O U N D W A T E R

8 1 8 - 8 4 7 - 0 7 9 2

VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

☒☒

2 5 5 0 N H O L L Y W O O D W A Y 3 0 1

City or Town

State

ZIP Code

B U R B A N K

C A

9 1 5 0 5 -

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

L O C K H E E D M A R T I N C O R P O R A T I O N

Street, P.O. Box, or Route Number

6 8 0 1 R O C K L E D G E D R I V E

City or Town

State

ZIP Code

B E T H E S D A

M D

2 0 8 1 7 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator

(Date Changed)  
Month Day Year

3 0 1 - 8 9 7 - 6 0 0 0

P

P

Yes X No

Month

Day

Year

ID - For Official Use Only

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)**

**A. Hazardous Waste Activity**

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
  - ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
  - ☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
  - ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Stoner, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marking to Burner
- ☐ b. Other Marketer
- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Refractory
- ☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

**B. Used Oil Fuel Activities**

1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marking to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) who first claims the Oil Meets the Specification

**IX. Description of Regulated Wastes (Use additional sheets if necessary)**

**A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles (See 40 CFR Parts 261.20 - 261.24)**

1. Ignitable (D001)    2. Corrosive (D002)    3. Reactive (D003)    4. Toxicity Characteristic (D000)

(Use specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☒

☒

☒

☒

D 0 0 3

D 0 0 7

D 0 0 9

D 0 0 8

**B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes)**

1 F 0 0 1	2 F 0 0 3	3 F 0 0 5	4 F 0 0 2	5 U 2 1 3	6 U 1 3 5
7 U 0 2 8	8 U 0 6 9	9 U 3 5 0	10 U 0 8 0	11 U 1 1 2	12 U 1 5 9

**C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)**

1 X 8 5 0	2 X 9 0 0	3 X 7 2 6	4 X 9 1 0	5 X 1 6 5	6 X 7 2 5
--------------	--------------	--------------	--------------	--------------	--------------

**X. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

Date Signed

Allen Kriskker, ESH Admin.

**XI. Comments**

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

**IX. Description of Regulated Hazardous Waste (Additional sheet)**

**B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. Use this page only if you need to list more than 12 waste codes.)**

13	14	15	16	17	18
P 0 9 8	P 0 1 2	D 0 0 6	D 0 1 1	D 0 2 2	D 0 0 4
19	20	21	22	23	24
D 0 1 9					
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120

LOCKHEED MARTIN



August 8, 1997

U.S.E.P.A. Region II  
250 Broadway  
22nd Floor  
New York, NY 10007-1866

U.S. EPA  
AGENCY RO II  
97 AUG 12 AM 11:56  
HAZARDOUS & SOLID WASTE  
PROGRAMS BRANCH

Subject: Request for New Site EPA ID Number

Mr. Jack Hoyt:

Enclosed is a copy of EPA Form 6700-12. Request that your office assign an EPA ID number for the regulated waste activity at the newly designated Lockheed Martin Corporation site located on the northeast corner at the intersection of Union Turnpike and Lakeville Road in the Town of North Hempstead, New York 11040. When a specific mailing address has been obtained for this site it will be forwarded to your office.

Should you require any additional information, please contact the undersigned at 516-574-2386.

Very truly,

Al Kriskker  
LMFS Principal Program  
Representative/Operations

AK/ek

Enclosure

cc: R. Gilbert  
D. Jensen  
RCRA Notifications, USEPA Region II, Air & Waste Management Division



For filling out this form, the information requested here is required by law (Section 6010 of the Resource Conservation and Recovery Act).



# regulated waste Activity

United States Environmental Protection Agency

AGENCY FORM 11  
97 AUG 14 AM 10:53  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

<input checked="" type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (complete item C)	C. Installation's EPA ID Number
---	---	---------------------------------

## II. Name of Installation (Include company and specific site name)

L O C K H E E D M A R T I N C O R P O R A T I O N

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street  
U N I O N T U R N P I K E A N D L A K E V I L L E

Street (continued)  
R O A D

City or Town  
N O R T H H E M P S T E A D State ZIP Code  
N Y 1 1 0 4 0

County Code County Name  
N A S S A U

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box  
2 5 5 0 N H O L L Y W O O D W A Y S U I T E 3 0 1

City or Town  
B U R B A N K State ZIP Code  
C A 9 1 5 0 5 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last) (first)  
J E N S E N D A V I D

Job Title Phone Number (area code and number)  
M I G R G R O U N D W A T E R 8 1 8 - 8 4 7 - 0 7 9 2

## VI. Installation Contact Address (See instructions)

A. Contact Address Location	B. Street or P.O. Box
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	2 5 5 0 N H O L L Y W O O D W A Y 3 0 1

City or Town  
B U R B A N K State ZIP Code  
C A 9 1 5 0 5 -

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner  
L O C K H E E D M A R T I N C O R P O R A T I O N

Street, P.O. Box, or Route Number  
6 8 0 1 R O C K L E D G E D R I V E

City or Town  
B E T H E S D A State ZIP Code  
M D 2 0 8 1 7 -

Phone Number (area code and number)	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month Day Year
3 0 1 - 8 9 7 - 6 0 0 0	<input type="checkbox"/> P	<input type="checkbox"/> P	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Call Al Krueger (516) 574-2386

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

1. Generator (See instructions)

- ☒ a. Greater than 1000kg/mo (2,200 lbs.)  
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only  
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify

☐ 3. Transfer, Storage, Disposal (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Refractory  
☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

☐ 5. Underground Injection Control

1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☐ c. Burner - indicate device(s) - Type of Combustion Device

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (D000) ☒

(Use specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 3 D 0 0 7 D 0 0 9 D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes)

1 F 0 0 1	2 F 0 0 3	3 F 0 0 5	4 F 0 0 2	5 U 2 1 3	6 U 1 3 5
7 U 0 2 8	8 U 0 6 9	9 U 3 5 0	10 U 0 8 0	11 U 1 1 2	12 U 1 5 9

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1 X 8 5 0	2 X 9 0 0	3 X 7 2 6	4 X 9 1 0	5 X 1 6 5	6 X 7 2 5
--------------	--------------	--------------	--------------	--------------	--------------

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

*Allen Krischker*

Name and Official Title (type or print)

Allen Krischker, ESH Admin.

Date Signed

8/13/97

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

**IX. Description of Regulated Substances (At the end of each)**

**B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. Use this page only if you need to list more than 12 waste codes.)**

13	14	15	16	17	18
P 0 9 8	P 0 1 2	D 0 0 6	D 0 1 1	D 0 2 2	D 0 0 4
19	20	21	22	23	24
D 0 1 9					
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120



August 8, 1997

U.S.E.P.A. Region II  
250 Broadway  
22nd Floor  
New York, NY 10007-1866

Subject: Request for New Site EPA ID Number

Mr. Jack Hoyt:

Enclosed is a copy of EPA Form 6700-12. Request that your office assign an EPA ID number for the regulated waste activity at the newly designated Lockheed Martin Corporation site located on the northeast corner at the intersection of Union Turnpike and Lakeville Road in the Town of North Hempstead, New York 11040. When a specific mailing address has been obtained for this site it will be forwarded to your office.

Should you require any additional information, please contact the undersigned at 516-574-2386.

Very truly,

A handwritten signature in black ink, appearing to read "Al Kriskker", written over a horizontal line.

Al Kriskker  
LMFS Principal Program  
Representative/Operations

AK/ek

Enclosure

cc: R. Gilbert  
D. Jensen  
RCRA Notifications, USEPA Region II, Air & Waste Management Division



UNISYS

Miscellaneous Shipping Order/  
Interbuilding ManifestUnisys Corporation  
365 Lakeville Road  
Great Neck, New York 11020-1696

- ☒ Miscellaneous Shipping Order  
☐ Interbuilding Shipping Manifest

No. **A151022**  
Date **August 13, 1997**Does Shipment Contain Hazardous  
Material? ☐ Yes\* ☐ NoSecurity Class. **None**Ship To  
**U.S.E.P.A. Region II**  
**250 Broadway**  
**22nd Floor**  
**New York, NY 10007-1866**  
**Attn: Mr. Jack Hoyt**From  
**Lockheed Martin Tactical Defense Sys.**  
**365 Lakeville Road**  
**Great Neck, NY 11020**  
**Attn: Al. Krischker 1P10**☒ 365 Lakeville Road  
Great Neck, N.Y.  
11020-1696☐ 2230 Smithtown Ave.  
Ronkonkoma, N.Y.  
11779Misc.  
Shipping  
Order

To be completed by Issuer	Date Matl. Reqd.	Cust. Order No.	A.O./J.O.	Bill of Lading/Airbill No.	<input type="radio"/> Prepaid <input type="radio"/> Collect	<input type="radio"/> Export F.O.B.
			<b>4006 - U2H1</b>			
To be completed by Traffic/ Shipping	Dimensions	Gross Weight	Insure For	Date Shipped		
	Package No.	Net Weight	Trans. Charges			

## Interbuilding Manifest

Shipment Received by \_\_\_\_\_ Date \_\_\_\_\_ Addressee Signature \_\_\_\_\_ Date \_\_\_\_\_

Building	Addressee	
T		
O		
Dept.	Mail Sta.	Tel. Ext.

Building	Sender	
F		
R		
O		
M		
Dept.	Mail Sta.	Tel. Ext.

Item No.	Part No.	S/N	Description (including size)	Qty
			<b>2 letters &amp; EPA forms</b>	<b>2</b>

PLEASE FED X NEXT DAY.

Issuer/Sender	Print	Signature	Date	Title	Dept.	Tel.	M.S.
A. Krischker			8/13/97	ESH Mnge.	U2H1	2386	1P10
Approval	Print	Signature	Date	Title	Dept.	Tel.	M.S.
<input type="radio"/> Code B** <input type="radio"/> Other	A. Krischker		8/13/97	ESH Mnge.	U2H1	2386	1P10

\*In order to ensure compliance with DOT regulations, hazardous material must be sent to the Shipping Dept., M.S. P-11, for packaging.

\*\*Required on all Miscellaneous Shipping Orders. See OPP 4.64, 4.66.

UC155(1/94)

COPY 2 - PACKING SLIP

# RCRAREp Handler Detail Report

NYR000043521

Report run on: March 29, 2006 9:58 AM

## Contact

05/22/02 01 Biennial      NICHOLAS VALKENBURG  
  
Phone: (631)391-5234  
01/01/01 99 Biennial      GENE MATSUSHITA  
Phone: (410)468-1038  
02/26/98 97 Biennial      ROBERT C GILBERT  
Phone: (818)847-0210  
08/12/97 Notification      DAVID JENSEN  
2550 N HOLLYWOOD WAY SUITE 301  
BURBANK, CA 91505  
Phone: (818)847-0792

## Legal Owner/Operator of Site

08/12/97 Notification      Current Owner from -      D&B#:      (Private)  
LOCKHEED MARTIN CORP  
68801 ROCKLEDGE DR  
BETHESDA, MD 20817  
Phone: (301)897-6000

## Regulated Hazardous Waste Activities

05/22/02 01 Biennial  
Federal Large Quantity Generator  
01/01/01 99 Biennial  
Federal Large Quantity Generator  
02/26/98 97 Biennial  
Federal Large Quantity Generator  
08/12/97 Notification  
Federal Large Quantity Generator

## Waste Codes

08/12/97 Notification	D000	D001	D002	D003	D004	D005	D007	D008
	D009	D011	D019	D022	F001	F002	F003	F005
	P012	P098	U028	U069	U080	U112	U135	U159
	U213	X001	X003					

D000	DESCRIPTION
D001	IGNITABLE WASTE
D002	CORROSIVE WASTE
D003	REACTIVE WASTE
D004	ARSENIC
D005	BARIUM
D007	CHROMIUM
D008	LEAD
D009	MERCURY
D011	SILVER
D019	CARBON TETRACHLORIDE
D022	CHLOROFORM
F001	THE FOLLOWING SPENT HALOGENATED SOLVENTS USED IN DEGREASING: TETRACHLOROETHYLENE, TRICHLOROETHYLENE, METHYLENE CHLORIDE, 1,1,1-TRICHLOROETHANE, CARBON

NYR000043521

Waste Codes

F002	THE FOLLOWING SPENT HALOGENATED SOLVENTS: TETRACHLOROETHYLENE, METHYLENE CHLORIDE, TRICHLOROETHYLENE, 1,1,1-TRICHLOROETHANE, CHLOROBENZENE, 1,1,2-TRICHLOROETHANE
F003	THE FOLLOWING SPENT NONHALOGENATED SOLVENTS: XYLENE, ACETONE, ETHYL ACETATE, ETHYL BENZENE, ETHYL ETHER, METHYL ISOBUTYL KETONE, N-BUTYL ALCOHOL, CYCLOHEXANE
F005	THE FOLLOWING SPENT NONHALOGENATED SOLVENTS: TOLUENE, METHYL ETHYL KETONE, CARBON DISULFIDE, ISOBUTANOL, PYRIDINE, BENZENE, 2-ETHOXYETHANOL, AND 2-NITROETHYL ALCOHOL
P012	ARSENIC OXIDE AS <sub>2</sub> O <sub>3</sub> (OR) ARSENIC TRIOXIDE
P098	POTASSIUM CYANIDE (OR) POTASSIUM CYANIDE K(CN)
U028	1,2-BENZENEDICARBOXYLIC ACID, BIS(2-ETHYLHEXYL) ESTER (OR) DIETHYLHEXYL PHTHALATE
U069	1,2-BENZENEDICARBOXYLIC ACID, DIBUTYL ESTER (OR) DIBUTYL PHTHALATE
U080	METHANE, DICHLORO- (OR) METHYLENE CHLORIDE
U112	ACETIC ACID, ETHYL ESTER (I) (OR) ETHYL ACETATE (I)
U135	HYDROGEN SULFIDE (OR) HYDROGEN SULFIDE H <sub>2</sub> S
U159	2-BUTANONE (I,T) (OR) METHYL ETHYL KETONE (MEK) (I,T)
U213	FURAN, TETRAHYDRO- (I) (OR) TETRAHYDROFURAN (I)
X001	DESCRIPTION
X003	DESCRIPTION

## Comments

Basic Notes:		EXTRACT_FLAG	UPDATED	OCT 2003	VIA SQL
		EXTRACT_FLAG	UPDATED	OCT 2003	VIA SQL
05/22/02	01 Biennial	Update	10/03	to ensure Leg_Dist is associated with correct Counties	
01/01/01	99 Biennial	Update	10/03	to ensure Leg_Dist is associated with correct Counties	
02/26/98	97 Biennial	Update	10/03	to ensure Leg_Dist is associated with correct Counties	
08/12/97	Notification	Update	10/03	to ensure Leg_Dist is associated with correct Counties	

## Certification

05/22/02	01	Biennial	AGENT OF L M NICHOLAS VALKENBURG Signed: 05/22/02
01/01/01	99	Biennial	TECH PRO MGR GENE S MATSUSHITA Signed: 01/01/01
02/26/98	97	Biennial	DEPUTY DIR CAROL A YUGE Signed: 02/26/98

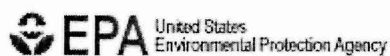
## Biennial Reports Included/Excluded in Reports

05/22/02	01 Biennial	Site's Biennial Report data included in 2001 BR National report.
01/01/01	99 Biennial	Site probably included in 1999 BR National report.
02/26/98	97 Biennial	Site probably included in 1997 BR National report.

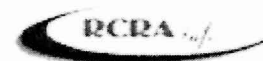
## Central Data Exchange (CDX) Transaction and Acknowledgement

08/12/97 Notification CDX: Acknowledged: 08/18/97





## Handler Detail


**LOCKHEED MARTIN CORPORATION LAKE SUCCESS**
**NYR000043521**

\*\* = Indicates source record used for Universe Calculations

Handler Universes										
In a Universe	Genstatus	Transporter	Univ Waste	Recycler	Used Oil	Furnace Exempt	Importer	Onsite Burner Exem	Mixed Waste Gen	Underground Injection
Y	LQG	N	N	N	NNNNNNN	N	N	N	N	N

Permitting and Corrective Action Universes									
Permit Workload	Closure Workload	Postclosure Workload	Permit Progress	CA Workload	Subject to CA	Subject to CA - TSD	Subject to CA - Discretion	Subject to CA - Non-TSD	
----	----	----	----	N	N	N	N	N	

Compliance, Monitoring and Enforcement and GPRA Universes							
Full Enforcement	Operating TSDF	SNC	BOYSNC	GPRA Permit	GPRA Postclosure	GPRA CME	GPRA CA
----	----	N	N	N	N	N	N

Source Summary Table				
Act Loc	Source	Sequence	Receipt Date	Non-notifier
NY	N	1	8/12/1997	
NY	** R	3	5/22/2002	
NY	R	2	1/1/2001	
NY	R	1	2/26/1998	

### Add Site Identification Form

### RCRA Site Detail Report

### Universe Justification

[Create New Activity Location](#)
[Go To](#)

URL: /Handler2/HAND\_main.asp





Region 2

# ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/14/2006

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

<b>EPA I.D. NUMBER:</b>	<b>NYR000043521</b>
<b>INSTALLATION NAME:</b>	<b>IPARK LAKE SUCCESS LLC</b>
<b>INSTALLATION ADDRESS :</b>	<b>1111 MARCUS AVE LAKE SUCCESS, NY 11042-1034</b>
<b>MAILING ADDRESS :</b>	<b>1111 MARCUS AVE LAKE SUCCESS, NY 11042-1034</b>

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-3056**

**TO: IPARK LAKE SUCCESS LLC  
or Current Occupant  
ATTN: GEORGE MULLEN  
1111 MARCUS AVE  
LAKE SUCCESS, NY 11042-1034**

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>			
<b>1. Reason for Submittal</b> (See instructions on page 13.)  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report			
<b>2. Site EPA ID Number</b> (page 14)	EPA ID Number <u>NYR 000 043 524</u>			
<b>3. Site Name</b> (page 14)	Name: IPARK LAKE SUCCESS			
<b>4. Site Location Information</b> (page 14)	Street Address: 1111 MARCUS AVE			
	City, Town, or Village: LAKE SUCCESS		State: NY	
	County Name: NASSAU		Zip Code: 11042 -1034	
<b>5. Site Land Type</b> (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site</b> (page 14)	A. <u>621498</u>		B. <u>          </u>	
	C. <u>          </u>		D. <u>          </u>	
<b>7. Site Mailing Address</b> (page 15)	Street or P. O. Box: 1111 MARCUS AVE			
	City, Town, or Village: LAKE SUCCESS			
	State: NEW YORK			
	Country: USA		Zip Code: 11042	
<b>8. Site Contact Person</b> (page 15)	First Name: GEORGE		MI:	Last Name: MULLEN
	Phone Number: 516-616-9500		Extension:      Email address:	
<b>9. Operator and Legal Owner of the Site</b> (pages 15 and 16)	A. Name of Site's Operator: IPARK LAKE SUCCESS LLC		Date Became Operator (mm/dd/yyyy): <u>3/10/2000</u>	
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
	B. Name of Site's Legal Owner: IPARK LAKE SUCCESS LLC		Date Became Owner (mm/dd/yyyy):	
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

Per Frank 4/4/06 10:15

Call Fisher Control (516) 781-3000 Change (Owner) DHL

9. Legal Owner (Continued) Address	Street or P. O. Box: 1111 MARCUS AVE	
	City, Town, or Village: LAKE SUCCESS	
	State: NY	
	Country: USA	Zip Code: 11042

### 10. Type of Regulated Waste Activity

**Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)**

### A. Hazardous Waste Activities

**Complete all parts for 1 through 6.**

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

- ☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)  
of non-acute hazardous waste; or  
(TEMPORARY NUMBER REQUESTED)
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)  
of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)  
of non-acute hazardous waste

**In addition, indicate other generator activities.**

Y ☐ N ☐ d. United States Importer of Hazardous Waste

Y ☐ N ☐ e. Mixed Waste (hazardous and radioactive) Generator

**Y ☐ N ☐ 2. Transporter of Hazardous Waste**

Y ☐ N ☐ 3. Treater, Storer, or Disposer of

**Hazardous Waste (at your site)** Note:  
A hazardous waste permit is required for  
this activity.

Y ☐ N ☐ 4. Recycler of Hazardous Waste (at your site)

Y ☐ N ☐ 5. Exempt Boiler and/or Industrial Furnace

**If “Yes”, mark each that applies.**

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☐ 6. Underground Injection Control

## B. Universal Waste Activities

**Y ☐ N ☐ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:**

Generate	Accumulate
1	1
2	3
3	6
4	10
5	15
6	21
7	28
8	36
9	45
10	55
11	66
12	78
13	91
14	105
15	120
16	136
17	153
18	171
19	190
20	210
21	231
22	253
23	276
24	300
25	325
26	351
27	378
28	406
29	435
30	465
31	496
32	528
33	561
34	595
35	630
36	666
37	703
38	741
39	780
40	820
41	861
42	903
43	946
44	990
45	1035
46	1081
47	1128
48	1176
49	1225
50	1275
51	1326
52	1378
53	1431
54	1485
55	1540
56	1596
57	1653
58	1711
59	1770
60	1830
61	1891
62	1953
63	2016
64	2080
65	2145
66	2211
67	2278
68	2346
69	2415
70	2485
71	2556
72	2628
73	2701
74	2775
75	2850
76	2926
77	3003
78	3081
79	3160
80	3240
81	3321
82	3403
83	3486
84	3570
85	3655
86	3741
87	3828
88	3916
89	4005
90	4095
91	4186
92	4278
93	4371
94	4465
95	4560
96	4656
97	4753
98	4851
99	4950
100	5050

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| a. Batteries             | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pesticides            | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Thermostats           | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Lamps                 | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

**Y □ N □ 2. Destination Facility for Universal Waste**

**Note:** A hazardous waste permit may be required for this activity.

### C. Used Oil Activities

**Mark all boxes that apply.**

Y ☐ N ☐ 1. Used Oil Transporter

**If "Yes", mark each that applies.**

- ☐ a. Transporter
- ☐ b. Transfer Facility

Y ☐ N ☐ 2. Used Oil Processor and/or Re-refiner

**If "Yes", mark each that applies.**

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☐ 3. Off-Specification Used Oil Burner

Y ☐ N ☐ 4. Used Oil Fuel Marketer


If "Yes", mark each that applies.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008						


[illegible]

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	RICHARD MARCEL - FACILITY/CONSTRUCTION MANAGER	3/27/06



# RCRARep Handler Detail Report

Report run on: March 29, 2006 9:58 AM

## Facility Information

Name/ID, Location / Activity Location, GPRA	Dist	Notified	SNC	Regulated Activity
LOCKHEED MARTIN CORPORATION	1	OK		LG -----

NYR000043521 1111 MARCUS AVE, LAKE SUCCESS NY

### Extract Flag

All data for this Handler is released to the Public (except any enforcement-sensitive CME data)

### Activity Location

Handler Module Data for NY State only

### Other Site Name

01/01/01 99 Biennial LOCKHEED MARTIN CORP ES&H

02/26/98 97 Biennial LOCKHEED MARTIN CORP

### Location Address

05/22/02 01 Biennial 1111 MARCUS AVE  
NASSAU (NY059)

LAKE SUCCESS, NY 11042  
State District: NYSDEC R1  
Land Type: X (X)

01/01/01 99 Biennial 365 LAKEVILLE RD  
NASSAU (NY059)

GREAT NECK, NY 110201696  
State District: NYSDEC R1  
Land Type: U (U)

02/26/98 97 Biennial UNION TURNPIKE & LAKEVILLE RD  
NASSAU (NY059)

NORTH HEMPSTEAD, NY 110400000  
State District: NYSDEC R1  
Land Type: U (U)

08/12/97 Notification UNION TNPK & LAKEVILLE RD  
NASSAU (NY059)

NORTH HEMPSTEAD, NY 11040  
State District: NYSDEC R1  
Land Type: Private (P)

### North American Industrial Classification (NAICS)

05/22/02 01 Biennial 56291

56291 Remediation Services

### Mailing Address

05/22/02 01 Biennial 88 DURYEA RD  
MELVILLE, NY 11747

01/01/01 99 Biennial 100 S CHARLES ST STE 1400  
BALTIMORE, MD 212011696

02/26/98 97 Biennial 2550 N HOLLYWOOD WAY 3RD FLOOR  
BURBANK, CA 915050000

08/12/97 Notification 2550 N HOLLYWOOD WAY SUITE 301  
BURBANK, CA 91505

### Contact